

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Lorena Guadalupe Gomez Rogers Address: 1948 S. Naco Highway  
Business Name: LaRamada Steakhouse & Cantina City/Zip: Bisbee/85603  
Liquor License #: 06020061 Parcel #: 102-31-084B  
Ownership Type: Sole Proprietorship Liquor License ☒ Special Event Liquor License ☐  
Partner(s): N/A

## TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental Health has no issues or concerns with the proposed license application

## OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Environmental Health Specialist  
Signature:  Date: 7/11/2016  
Contact phone: (520) 432-9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 7/18/16

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## For internal use only:

- ☐ Restaurant/Hotel-Motel
- ☐ Club/Government
- ☐ Transfer of Premises

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### TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed area not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



### OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐  
Use permitted by P&Z? Y ☐ N ☒  
Date Permit Issued: N/A  
If use not permitted, is it LNC? Y ☒ N ☐

Zoning: GB  
Permit#: N/A  
Use Permitted: Cocktail Lounge  
Year LNC Established: 1961

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores  
Signature: Dora V Flores  
Contact phone: 520.432.9300

Title: Zoning Administrator  
Date: July 19, 2016  
Email: dflores@cochise.az.gov

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7/18/16

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Partner(s): N/A

## TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents in the last 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Mark P. Genz

Title: Commander

Signature: s/Mark P. Genz

Date: 071116

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 7/18/16

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## TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

☐ Yes      xxx ☐ No

If not, please attach pertinent documentation.

Comments:

This parcel is in back tax

Name: Kathleen wilson Title: Tax specialist 1  
Signature: Kathleen wilson Date: 7/8/2016  
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 7/18/16